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FACSIMILE TRANSMISSION

DATE: April 26, 2005

TO: EXAMINER CAMTU TRAN NGUYEN

FACSIMILE NO.: 703-872-9306

FROM: John G. Posa

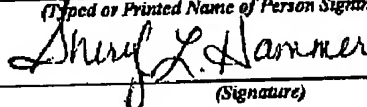
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RE: SN 10/689,123

MESSAGE:

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. FLH-10802/29
Applicant(s): Falahce			
Application No. 10/689,123	Filing Date Oct. 20, 2003	Examiner C. Nguyen	Group Art Unit 3743
Invention: SURGICAL SURFACE LOCALIZING GRID			
<p>I hereby certify that this <u>Amendment, Transmittal Letter</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703/872-9306</u>)</p> <p>on <u>April 26, 2005</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <u>Sheryl L. Hammer</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. FLX-10802/29	
Applicant(s): Falahee						
Application No. 10/689,123	Filing Date 10/20/2003	Examiner C. Nguyen	Customer No. 25006	Group Art Unit 3743	Confirmation No. 2909	
Invention: SURGICAL SURFACE LOCALIZING GRID						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	6 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-1180 in the amount of \$0.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
John G. Posa Reg. No. 37,424 Gifford, Krass, Groh, Sprinkle et al PO Box 7021 Troy, MI 48007-7021 Tel. 734/913-9300			Dated: April 26, 2005 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
cc:						

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Falahee

Serial No.: 10/689,123

Group No.: 3743

Filed: Oct. 20, 2003

Examiner: C. Nguyen

For: SURGICAL SURFACE LOCALIZING GRID

AMENDMENT

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Mail Stop AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed January 26, 2005, please amend the above-referenced application as follows:

GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 TROY CENTER DR., SUITE 330 P.O. BOX 7021 TROY, MICHIGAN 48067-7021 (248) 647-6000